

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -4 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D05000135674

1. Corporation Name

Palm Coast Restorations Inc
\$

800163725518
12/30/09--01018--018 **150.00

800163725518
12/17/09--01037--005 **150.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #

12036 Granada Pl

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Weeki Wachee

Zip

Country

34614

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05

5. FEI Number

20-3583097

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louis Colaiacomo

Street Address (P.O. Box Number is Not Acceptable)

12036 Granada Pl

Suite, Apt. #, Etc.

City

Weeki Wachee

State

FL

Zip Code

34614

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/12/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Louis Colaiacomo</u>	<u>12036 Granada Pl</u>	<u>Weeki Wachee FL 34614</u>

10. E-mail Address:

+ palmcoastrrestorations@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/09

Date

352-442-9333

Daytime Phone #

12/15